Enrollment Entity Worksheet

When to use the work sheet

The worksheet should be used if one of the collaborative partners is an Enrollment Entity. It must be filled out even if the Enrollment Entity will not be using county allocation funds for application assistance. Prior to completing the worksheet read Attachment 12, which provides policy guidelines for partners that claim reimbursement as Enrollment Entities or claim for Medi-Cal Administrative Activities.

Instructions for Information Requested on the Enrollment Entity Worksheet:

EE Name

• The name the Enrollment Entity is known by.

EE Number

 The number given to the Enrollment Entity by MRMIB to use when claiming the application assistance fee.

Contact Person

The contact information for the person at the Enrollment Entity

Activity Code

- Indicate the activities that the Enrollment Entity will participate in:
 - O = Outreach
 - E = Enrollment
 - R = Retention
 - U = Utilization

Receives County Allocation Funds Y/N

• Indicate if the Enrollment Entity will receive county allocation funds for the activity codes listed in the previous column.